

APPLICATION FOR INDEPENDENT LIVING EDUCATION AND TRAINING VOUCHER
(ETV) FUNDS

NAME: _____ DATE: _____

DOB: _____ SSN: _____

COUNTY: _____ IL SPECIALIST NAME: _____

SOCIAL WORKER'S NAME: _____

SOCIAL WORKER'S ADDRESS: _____

SOCIAL WORKER'S TELEPHONE: _____

CURRENT PLACEMENT CONTACT
PERSON: _____ TELEPHONE: _____

CURRENT ADDRESS: _____

PERMANENCY PLAN: _____ ESTABLISHED: _____

DATE OF WRITTEN INDEPENDENT LIVING PLAN: _____

OTHER AGENCIES INVOLVED WITH THE YOUTH:

WHAT ILS ACTIVITIES DID YOU TAKE PART IN WHILE YOU WERE IN FOSTER
CARE?: _____

WHAT HIGH SCHOOL DID YOU ATTEND/ARE ATTENDING: _____

WHAT COLLEGE ARE YOU PLANNING TO ATTEND? _____

YEAR IN COLLEGE _____

ADDRESS: _____

TELEPHONE NUMBER: _____

WHAT ARE YOU PLANNING TO MAJOR AND MINOR IN? _____

WHAT ARE YOUR REASONS FOR CHOOSING THIS AREA: _____

TO BE COMPLETED BY THE FINANCIAL AID OFFICE

BUDGET PERIOD _____ TO _____

Item

Amount

1. Dorm room supplies (linen, etc)

2. Books

3. Supplies (lab equipment, etc)

4. Meal plan

5. Bus tokens – Parking Permit

6. Tuition

7. Student fees - Activity card

8. Room and board

9. Transportation cost

10. Tutoring

11. employment related necessities

12. Childcare

13. Tools necessary for the trade _____

14. On-line education/internet fees _____

15. Computers _____

TOTAL: _____

LIST SCHOLARSHIPS OBTAINED

OTHER SOURCES OF FUNDING:

TOTAL AMOUNT OF FINANCIAL NEED: _____

FINANCIAL AID OFFICER: _____ DATE _____

I AUTHORIZE _____ TO RELEASE MY INFORMATION.

TO: Child Protection Services
700 Governors Drive
Pierre, SD 57501

Signature of Youth

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I understand that by signing this form I accept responsibility for doing my part of the Educational and Training Voucher program.

SIGNATURE: _____

SOCIAL WORKER'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

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IL SECTION USE ONLY

APPROVED BY: _____ DATE: _____

TITLE: _____

COMMENTS: _____

MAIL TO: _____